

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	12/15/
O.I.P.E. CLASSIFIER			12/20
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	✓ 7/26/01
2	✓
3	✓
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6	
7	✓
8	
9	
10	✓
11	✓
12	
13	✓
14	N
15	✓
16	N
17	✓
18	✓
19	N
20	✓
21	N
22	✓
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25	✓
26	N
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Claim	Date
51	✓ 7/26/01
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Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here